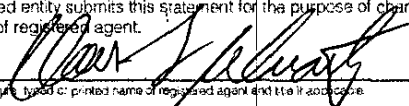
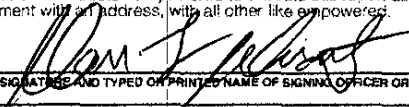


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90334 012 ***150.00

DOCUMENT # M86531 1. Entity Name SUPERIOR ACCOUNTING AND TAX SERVICES INC.			
Principal Place of Business % ALAN SCHWARTZ 855 S FEDERAL HWY, 205B BOCA RATON, FL 33432		Mailing Address % ALAN SCHWARTZ 855 S FEDERAL HWY, 205B BOCA RATON, FL 33432	
2. Principal Place of Business 11595 COLONNADE DR Suite, Apt. #, etc.		3. Mailing Address 11595 COLONNADE DR Suite, Apt. #, etc.	
City & State BOYNTON BEACH FL Zip 33437		City & State BOYNTON BEACH FL Zip 33437	
Country USA		Country USA	
4. FEI Number 65-0058940		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, ALAN 855 S FEDERAL HWY 205B BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11595 COLONNADE DR City BOYNTON BEACH FL Zip Code 33437	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  ALAN L. SCHWARTZ 2/24/04 (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, ALAN L 11595 COLONNADE DRIVE BOYNTON BEACH, FL 33437	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  ALAN L. SCHWARTZ 2/24/04 752 0434 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	